

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

INTOX EC/IR II	MAINTENANCE REPORT	KECEIVED	4 TAGES		
Complete this report at the time of	the regular monthly preventive	By Carol Day at 5:	13 am. Dec 28. 2015		
Complete this report at the time of the regular monthly preventive By Carol Day at 5:13 am, Dec 28, 2015 days). Complete this report whenever the instrument is serviced of required and whenever it is placed					
into service. Retain the original a	into service. Retain the original and send a copy within 15 days to the		Breath Alcohol Program, DHSS. DATE OF INSPECTION		
12686	SPRINGFIELD POLICE DEPT.	12/23/2015			
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION			
1000 N. BOONVILLE (GC JA SPRINGFIELD, MO		10:45 CST			
CHECKLIST: Place a mark in the box	isfactory or is operating	g within			
established limits. (Write in observed values where determined). Unmarked items must be corrected					
before using instrument.					
X DIAGNOSTIC RECORD					
	X BLANK CHECK X CO2 CHECK				
X FC 1 TEMP	X FLOW CH				
X SRC TEMP	X FCB CHE				
X DET TEMP	X CRC COM				
	X BT TEMP X CRC CAL CHECK				
X STD 2 TEMP	X PRINT T	EST	-1-11/00/01/1/1/1/1/1/1/1/1/1/1/1/1/1/1/		
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA		TOO EMILATOR OLD METAMEN	The state of the s		
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
	METERS LOT# AG510		DATE 06/17/2017		
SIMULATOR TEMP (34°C +0.2°C)	SIMULATOR S/N	SIMULATOR EXP D	ATE		
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)					
Run three tests using a stand					
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)					
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
	BETWEEN 0.076% AND 0.084% IN				
0.04% STANDARD - MUST READ	BETWEEN 0.038% AND 0.042% IN	CLUSIVE			
TEST 1 0.099 g/210L TEST 2 0.099 g/210L			TEST 3 0.099 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 3 004 14	.0509 0 .1014	10 .1519 6	OVER .19 13		
REFUSALS 3 004 14 LIST ANY NEW PARTS AND DESCRIBE ANY ALTE					
SATISFACTORILY AND WITHIN ESTABLISHED LI		, , , , , , , , , , , , , , , , , , , ,			
MEETS DEPT OF HLTH STDS					
INSPECTING OFFICER					
SIGNATURE PRINT FULL NAME D'ANDREA, TON					
TYPE II PERMIT NUMBER EXPIRA:		TELEPHONE NUMBER			
	0/2017 (417)864	-1810			
RETURN COMPLETED REPORT TO) PUP.				
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
Breath Alcohol Program, Miss		and Senior Services	<u>.</u>		



Airgas USA LLC (LAB)

12685

3500 Bernard Street

St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 17-Jun-2015

Lot # AG516803

Exp. Date 17-Jun-2017 Cyl. Type 108 Component Ethanol <u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm)

Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	<u>Serial No.</u>	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2015.06.17 17:20:35-05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst: _

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT

TYPE II

TONY D'ANDREA

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOXILYZER 5000, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/10/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250179

EXPIRES 8/10/2017

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

HO 580-0771 (6-10)

LAB-4 (R6-10)



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired at in Missouri.

Operator

D'ANDREA, TONY

Permit No 250179

Date Issued 8/10/2015

Date Expires 8/10/2017